



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

05/28/91

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986600161

FACILITY NAME -> EXXON CO USA #34170

MAILING ADDRESS -> PO BOX 4415
HOUSTON, TX 77210

INSTALLATION ADDRESS -> 9 W ST GEORGE & WOOD AVES
LINDEN, NJ 07036

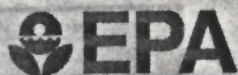
EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: POOL ALDA_S STAFF ASSIST
EXXON CO USA #34170
PO BOX 4415
HOUSTON, TX 77210

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

90-10-29

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NJ D98660016L

II. Name of Installation (Include company and specific site name)

EXXON CO USA #34170

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

9 WEST ST GEORGE & WOOD AVES

Street (continued)

City or Town

LINDEN

State

ZIP Code

NJ 07036 -

County Code

County Name

039 UNION

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O BOX 4415

City or Town

HOUSTON

State

ZIP Code

TX 77210 - 4415

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

ALDAS

(first)

ALDAS

Job Title

STAFF ASSISTANT

Phone Number (area code and number)

713 - 656 - 7729

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location

Mailing



B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

EXXON CO USA

Street, P.O. Box, or Route Number

P O BOX 4415

City or Town

HOUSTON

State

ZIP Code

TX 77210 - 4415

Phone Number (area code and number)

713 - 656 - 7761

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

X

(Date Changed)

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
1. Generator (See Instructions)	3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.	1. Off-Specification Used Oil Fuel
<input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)	4. Hazardous Waste Fuel	<input type="checkbox"/> a. Generator Marketing to Burner
<input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> b. Other Marketer
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> b. Other Marketers	<input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device
2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device	<input type="checkbox"/> 1. Utility Boiler
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> 1. Utility Boiler	<input type="checkbox"/> 2. Industrial Boiler
<input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> 2. Industrial Boiler	<input type="checkbox"/> 3. Industrial Furnace
Mode of Transportation	<input type="checkbox"/> 3. Industrial Furnace	<input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 5. Underground Injection Control	
<input type="checkbox"/> 2. Rail		
<input type="checkbox"/> 3. Highway		
<input type="checkbox"/> 4. Water		
<input type="checkbox"/> 5. Other - specify		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D018

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

C. CRUTCHFIELD ENGINEER

Date Signed

10/19/90

XI. Comments